

## RECEIVED

JUL 1 1 2002

## **Technology Center 2600**

In re Patent Application of:

Attorney Docket No.:

5634.318

Gp/264

John C. Harvey and

James W. Cuddihy

Application No.:

08/487,411

Group Art Unit:

2611

Filed: June 7, 1995

Examiner:

Bhavesh M. Mehta

SIGNAL PROCESSING APPARATUS AND METHODS

Box Non-Fee Amendment Commissioner for Patents Washington, DC 20231

Transmitted herewith is an Amendment and an Associate Power of Attorney.

|   |               | CLA                       | IMS AS AMENDE          | D         |              |              |         |
|---|---------------|---------------------------|------------------------|-----------|--------------|--------------|---------|
|   |               | Claims                    | Highest Number         |           | Rate         |              |         |
|   |               | Remaining After Amendment | Previously Paid<br>For | Extra     | Large Entity | Small Entity | Amount  |
| Number of Claims in Excess of 20                |               | 10                        | 106                    | 0         | \$ 18.00     | \$ 9.00      | \$ 0.00 |
| Independent Claims in Excess of 3               |               | 5                         | 19                     | 0         | \$ 84.00     | \$ 42.00     | \$ 0.00 |
| First Presentation of Multiple Dependent Claims |               |                           |                        | \$ 280.00 | \$ 140.00    | \$ 0.00      |         |
| Extension Fee:                                  | a) One Month  |                           |                        |           | \$ 110.00    | \$ 55.00     | \$ 0.00 |
|   | b) Two Month  | S                         |                        |           | \$ 400.00    | \$ 200.00    | \$ 0.00 |
|   | c) Three Mont | ths                       |                        |           | \$ 920.00    | \$ 460.00    | \$ 0.00 |
|   | d) Four Month |                           |                        |           | \$1440.00    | \$ 720.00    | \$ 0.00 |
|   | e) Five Month | -                         |                        |           | \$1960.00    | \$ 980.00    | \$ 0.00 |
| Other:  |               |                           |                        |           |              |              | \$ 0.00 |
| TOTAL FEE DUE                                   |               |                           |                        |           |              | \$0.00       |         |

| No additional fee is required.  A check in the amount of \$ is attached.  Charge \$ to Deposit Account No. 06-1075.  Charge any additional fees or credit any overpayment to Deposit Account No. 06-1075. |
|---|
| Small Entity Status Claim: is hereby requested. is of record in this application.  Respectfully submitted,  |

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